

# **EXHIBIT**

**4**

# Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-~~251-8653~~

Date: 1-1 → 1-15-15

Name: Toni Mitchell

DUE UPON RECEIPT

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/hr.	Total
Thur	1-1	7:30 - 7:30	Fenton	24	13	\$312
Mon	1-5	7:30 - 7:30		24	13	\$312
Tues	1-6	7:30 - 7:30		24	13	\$312
Wed	1-7	7:30 - 7:30		24	13	\$312
Thur	1-8	7:30 - 7:30		12	13	\$156
Fri	1-9	8:30 - 10		13.5	13	\$175.50
Mon	1-12	8 - 10		14	13	\$182
Tues	1-13	8:15 - 10:15		14	13	\$182
Wed	1-14	8 - 9:30		13.5	13	\$175.50
Thurs	1-15	8 - 10		14	13	\$182
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-		177	13	\$2301

Signature: x *Toni Mitchell*

Thank You for Your Business

# Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-~~258-5653~~

Date: 4-15 → 4-30-15

Name: Toni Mitchell

DUE UPON RECEIPT

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/hr.	Total
4-17						\$
4-18		Nashville				\$
4-25		730 - 830	Babin	13	13	\$169
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-		13	13	\$169

Signature: X *Certain Care Mitchell*

Thank You for Your Business

CERTAIN CARE LLC

Antonia Mitchell

5/1/2015

6051

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
5/1/2015	Bill		169.00	169.00		169.00
5/1/2015	Bill		1,755.00	1,755.00		1,755.00
					Check Amount	1,924.00

Certain Care LLC

1,924.00

# Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-250-8653

Date: 11-16 → 11-30-15

Name: Toni Mitchell

DUE UPON RECEIPT

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/hr.	Total
Mon	11-16	10 - 4	Silver	6	15	\$ 90
Tues	11-17	10 - 4		6		\$ 90
Wed	11-18	10 - 5		7		\$ 105
Thur	11-19	10 - 4		6		\$ 90
Fri	11-20	10 <sup>30</sup> - 4		5.5		\$ 82.50
Mon	11-23	5 <sub>p</sub> - 5 <sub>p</sub>		24		\$ 360
Tues	11-24	5 <sub>p</sub> - 5 <sub>p</sub>		24		\$ 360
Wed	11-25	5 <sub>p</sub> - 5 <sub>p</sub>		24		\$ 360
Thurs	11-26	5 <sub>p</sub> - 5 <sub>p</sub>		24		\$ 360
Fri	11-27	5 <sub>p</sub> - 7 <sub>p</sub>		2		\$ 30
Mon	11-30	10 - 7		9		\$ 135
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$
		-		137.5	15	\$2062.50

Signature: X Customer Mitchell

13.66

20.49

57.5

Thank You for Your Business

CERTAIN CARE LLC

7676

Antonia Mitchell

12/1/2015

Date	Type	Reference
12/1/2015	Bill	
12/1/2015	Bill	

Original Amt.	Balance Due	Discount	Payment
507.00	507.00		507.00
2,062.50	2,062.50		2,062.50
		Check Amount	2,569.50

Certain Care LLC

2,569.50